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TECH CENTER PTO/SB/29 (10-00)
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Approved for use through 10/31/2002 OMB 0652-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CLAIMS	(1) FOR	(2) NUMBER FEED PATENT & TRADEMARK	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR § 1.16(c) or (j))	32 -20* =	12	x \$ 18.00 =	\$ 216.00
	INDEPENDENT CLAIMS (37 CFR § 1.16(b) or (i))	2 -3** =	0	x \$ 80.00 =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR § 1.16(d))			x \$ 270.00 =	
				BASIC FEE (37 CFR § 1.16)	\$ 710.00
				Total of above Calculations	\$ 926.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.			TOTAL =	\$ 926.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 19-0036:
- a. ☐ Fees required under 37 CFR § 1.16. b. ☐ Fees required under 37 CFR § 1.17.
- c. ☐ Fees required under 37 CFR § 1.18.
8. ☒ A check in the amount of \$1,316.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is enclosed.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired _____
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
b. ☐ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: A Petition for the Extension of Time for the Parent Application
☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> New correspondence address below
Customer No. 26111		

Name	Sterne, Kessler, Goldstein & Fox P.L.L.C.			
Address				
City	State	Zip Code		
Country	Telephone	Fax		

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Robert W. Esmond
Signature	
Registration No. (Attorney/Agent)	32,893
Date	Robert W. Esmond July 16, 2001